

IN THE U.S. PATENT AND TRADEMARK OFFICE  
Patent Application Transmittal Letter

19704 U.S. PTO  
10/643424  
08/19/03

COMMISSIONER FOR PATENTS  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 CFR 1.53(b) is a(n): ☒ Utility ( ) Design  
(☒) original patent application,  
( ) continuation-in-part application

INVENTOR(S): **Joseph P. Fredrick**

TITLE: **APPARATUS FOR SUBSTRATE HANDLING**

Enclosed are:

☒ The Declaration and Power of Attorney. (☒) signed ( ) unsigned or partially signed  
☒ 6 sheets of drawings (one set) ( ) Associate Power of Attorney  
( ) Form PTO-1449 ( ) Information Disclosure Statement and Form PTO-1449  
( ) Priority document(s) ( ) Other (fee \$ )

CLAIMS AS FILED BY OTHER THAN A SMALL ENTITY				
(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) TOTALS
TOTAL CLAIMS	46 — 20	26	X \$18	\$ 468
INDEPENDENT CLAIMS	3 — 3	0	X \$84	\$ 0
ANY MULTIPLE DEPENDENT CLAIMS	0		\$280	\$ 0
BASIC FEE: Design ( \$330.00 ); Utility ( \$750.00 )				\$ 750
TOTAL FILING FEE				\$ 1,218
OTHER FEES				\$
TOTAL CHARGES TO DEPOSIT ACCOUNT				\$ 1,218

Charge \$ 1,218 to Deposit Account 50-1078. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 50-1078 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 50-1078 under 37 CFR 1.16, 1.17, 1.19, 1.20 and 1.21. A duplicate copy of this sheet is enclosed.

"Express Mail" label no. ET618592146US

Date of Deposit Aug. 19, 2003

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

By Marianne Leitereg  
Typed Name: **Marianne Leitereg**

Respectfully submitted,

**Joseph P. Fredrick**

By Theodore J. Leitereg  
**Theodore J. Leitereg**

Attorney/Agent for Applicant(s)

Reg. No. **28,319**

Date: **Aug. 19, 2003**

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